M

03238

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holly Wood
STREET ADDRESS (If rural give location) R. F. D. #1

3. NAME OF DECEASED (Typo or Print) (First) Joseph (Middle) Charles (Last) Abell
4. DATE OF DEATH (Month) March (Day) 28 (Year) 1950

6. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH May 1-1933
9. AGE last birthday 16 yrs. If under 1 year Months 10 Days 28 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm hand
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Martin Abell
14. MOTHER'S MAIDEN NAME Gertrude Greenwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. 214-30-4570
17. INFORMANT Mrs James A. Norris

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

490 X Immediate cause (a) Lobar Pneumonia (double) 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

108 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 23, 1950, to Mar 28, 1950, that I last saw the deceased alive on Mar 27, 1950, and that death occurred at 6.15 A.m. from the causes and on the date stated above.

SIGNATURE Frank A. Cannalis (Degree or title) MD ADDRESS Leonardtown, Md DATE SIGNED 3/29/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF March 30 1950
NAME OF CEMETERY OR CREMATORY St Johnson
LOCATION (City, town, or county) Holly Wood St Mary's (State) Md

DATE REC'D BY LOCAL REG. 3/29/50
REGISTRAR'S SIGNATURE Cannalis
24. FUNERAL DIRECTOR Joe C. Mattingley ADDRESS Leonardtown Md

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

RECEIVED
MAR 30 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03239

Reg. Dist. No. [illegible]

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Valley Lee Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS NONE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Valley Lee Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) (Last) BRISCOE

4. DATE OF DEATH (Month) March (Day) 20 (Year) 1950

5. SEX M.

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 1882

9. AGE last birthday 68 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER

10b. KIND OF BUSINESS OR INDUSTRY CARPENTER

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) —

16. SOCIAL SECURITY No. —

17. INFORMANT AND ADDRESS Bertha Jordon Mason.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute myocarditis	1 week
492x Antecedent cause(s)		
109 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Virus Pneumonia	6 weeks
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/2, 1950, to 3/20, 1950, that I last saw the deceased alive on 3/15, 1950, and that death occurred at 5:30 P. m., from the causes and on the date stated above. 3/21/50

SIGNATURE (Degree or title) E. X. Thompson M.D. ADDRESS Lexington Park, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Mar 22, 1950

NAME OF CEMETERY OR CREMATORY Bethesda

LOCATION (City, town, or county) Valley Lee, Md. (State)

DATE REC'D BY LOCAL REG. 3/21/50

REGISTRAR'S SIGNATURE Carmalier

24. FUNERAL DIRECTOR Jos C. Matting & Leonardtown ADDRESS

308V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
MAR 24 1950
BUREAU V. S.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03240

FILM No. G 125 MAR 30 1950

CERTIFICATE OF DEATH

Medical Examiner.

Reg. Dist. No. 292

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Inigoes
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Inigoes
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Henry (Last) Carroll

4. DATE OF DEATH (Month) 3 (Day) 23 (Year) 1950

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH 4-18-1857
9. AGE last birthday 93 92 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY farming
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Henry Carroll
14. MOTHER'S MAIDEN NAME Ann Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Charles R Carroll - 625 Pa Ave. N.W. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 Immediate cause (a) Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 10 yrs.

Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) senility

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from dead, 19 when first seen, 19, that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Julian I. Lane (Degree or title) M.D. ADDRESS Lexington Park, Md. DATE SIGNED 3/24/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 3/25/50 NAME OF CEMETERY OR CREMATORY St. James Cem. LOCATION (City, town, or county) St. Mary City (State) Md.

DATE REC'D BY LOCAL REG. 3/24/50 REGISTRAR'S SIGNATURE Camalier
24. FUNERAL DIRECTOR F. B. Robinson ADDRESS Leonardtown Md

000 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03241

Reg. Diat. No. 212

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County ST. MARYS
City or town ST. CLEMENTS SHORE
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 years
Hospital, institution, or street address where death occurred:
Compton Maryland
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County St Marys
City or town St Clements shore
(If outside city or town limits, write RURAL and give nearest town)
Street No. R.F.D. #2 Leonardtown
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME FRANCES ELIZABETH CRYER

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	M

6.(b) Name of husband or wife James Walter Cryer
6.(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Nov 16 - 1885

8. AGE: Years	Months	Days	If less than one day
64	4	1	....hrs. ....min.

9. Birthplace Compton St Marys Maryland
(Town, county, and state)
10. Usual occupation House Wife
11. Industry or business
FATHER 12. Name James Bullock
13. Birthplace St Marys Co
MOTHER 14. Maiden name Julia Frances Thompson
15. Birthplace St Marys Co
16. Informant James Walter Cryer
Address Compton Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof March 20-1950 (month) (day) (year)
Cemetery or crematory Congressional
Location Washington D. C.
18. Funeral director Jos C Mattingly
Address Leonardtown Md
19. 3/18 50 (Date rec'd by registrar) Cannaley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17TH 1950 at 8 45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 17 1950 to Mar 17 1950 and that I last saw her alive on Mar 17 1950

Immediate cause of death	DURATION
Coronary Thrombosis	1 hrs 1/2
Due to	
Due to	
Other conditions	

420.1
94a
(Include pregnancy within 3 months of death)

Major findings of operations ....Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide .... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Roy Gwynn, MD
M. D. or other
Address Mechanicsville Date signed 3/17/50

RECEIVED
MAR 22 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

03242

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ave
LENGTH OF STAY (In this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1312, Fr. St N.E.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Helen (Last) Dickerson
4. DATE OF DEATH (Month) March (Day) 19 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov 15-1930
9. AGE last birthday 19 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY House wife
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Thomas Hill ~~Oliver Lee Dickerson~~
14. MOTHER'S MAIDEN NAME Mrs Annie Grace Harris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Oliver Lee Dickerson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
812.5 Immediate cause	(a) Compound fracture of skull	immediate
170c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street (CITY OR TOWN) Avenue (COUNTY) St. Mary's (STATE) Md.
TIME OF INJURY (Month) 3 (Day) 19 (Year) '50 (Hour) 3:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Standing at side of road, struck by car.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Livingston Park, Md. DATE SIGNED 3/19/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mch 22-1950
NAME OF CEMETERY OR CREMATORY Sacred Heart
LOCATION (City, town, or county) Bush Wood St Marys (State) Md
DATE REC'D BY LOCAL REG. 3/21/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 24 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03243

CERTIFICATE OF DEATH

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY ST. MARYS COUNTY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River, Md.
LENGTH OF STAY (in this place) 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dispensary, U.S. Naval Air Station, Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE South Carolina COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster, South Carolina
STREET ADDRESS (If rural, give location) 74 Lakeside Drive ✓

3. NAME OF DECEASED (Type or Print): (First) Harold (Middle) Edward (Last) FRANKLIN

4. DATE OF DEATH: (Month) March (Day) 16 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-3-30

9. AGE last birthday: 20 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Aviation Ordnanceman

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Navy

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Arthur Lionel Franklin

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service) 2-19-47 to present

16. SOCIAL SECURITY NO.: (unknown

17. INFORMANT AND ADDRESS: U. S. Navy Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

880.8 Immediate cause (a) POISONING ACUTE, METHYL ALCOHOL — Interval between onset and death: 24 hours

Antecedent cause(s)

1790 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY U. S. Naval Air Station, Patuxent River, St. Marys, Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour) 3-15-1950 m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Deceased consumed Methyl Alcohol

22. I hereby certify that I attended the deceased from 16 March, 1950, to 16 March 1950, that I last saw the deceased alive on 16 March, 1950, and that death occurred at 11:37 P.m., from the causes and on the date stated above.

SIGNATURE Paul Vaughan (Degree or title) ADDRESS U.S. Naval Air Station DATE SIGNED

PAUL VAUGHAN, CAPTAIN, MEDICAL CORPS, U.S.NAVY. Patuxent River, Maryland 20 Mar 1950

23. BURIAL, CREMATION, REMOVAL (Specify) Transportation | DATE 3-21-50 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) Westminster, South Carolina

DATE REC'D BY LOCAL REG. 3/21/50 | REGISTRAR'S SIGNATURE Cavender

24. FUNERAL DIRECTOR P. B. Robinson ADDRESS Conordtown md.

6089G

RECEIVED
MAR 23 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03244

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH- COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Great Mills
LENGTH OF STAY (In this place) 2.5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Susan (Middle) Frances (Last) Harrison

4. DATE OF DEATH (Month) March (Day) 24 (Year) 1950

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH 3-24-1867 | 9. AGE last birthday 83 yrs. | If under 1 year: Months — Days — | If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY — | 11. BIRTHPLACE (State or foreign country) Hurry, Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ernest Wheeler | 14. MOTHER'S MAIDEN NAME Susie Frances Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | (If year, give war or dates of service) — | 16. SOCIAL SECURITY NO. — | 17. INFORMANT AND ADDRESS Mrs. Thomas E. Middleton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary sclerosis — Interval between onset and death: 3 years

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, to 3-24, 1950, that I last saw the deceased alive on 3-, 1950, and that death occurred at 3:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

P.J. Beany M.D. | Great Mills, Md. | 3-24-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 3-27-50 | NAME OF CEMETERY OR CREMATORY Holy Face Cemetery | LOCATION (City, town, or county) Great Mills, (State) Md.

DATE REC'D BY LOCAL REG. 3-24-50 | REGISTRAR'S SIGNATURE P.J. Beany, M.D. | 24. FUNERAL DIRECTOR Jos. E. Mattingly | ADDRESS Leonardtown, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03245

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hermanville; LENGTH OF STAY (in this place) Hospital; HOSPITAL OR INSTITUTION OR STREET ADDRESS	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hermanville; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Emma	Elizabeth	Hayden		March	14	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Jan 21 1872	78 yrs.		22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	House wife	Maryland St Marys	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm William Henry Lippett	Susie Amelia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs Sherman Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
153X	Immediate cause	(a) Carcinoma of intestines	2 years
46C	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 1950, to ....., 1950, that I last saw the deceased alive on ....., 1950, and that death occurred at 10:30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Burial P.J. Beany	MD.	Great Mills, Md.	3-15-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county)	(State)
Burial	3/17/50	Holy Face	Great Mills St Marys	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-15-50	P.J. Beany, MD.	Jos C. Mattingley Leonardtown Md	

VS. A15

RECEIVED
MAR 17 1950
AIR MEAU V. S

M

C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03246

CERTIFICATE OF DEATH

Reg. Dist. No. 541

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River, Md.
LENGTH OF STAY (in this place) 2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dispensary, U.S.Naval Air Station, Patuxent River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN U.S.Naval Air Station, Patuxent River
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) HAYES

4. DATE OF DEATH (Month) March (Day) 21 (Year) 1950

5. SEX Male

6. COLOR OR RACE Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 3-21-50

9. AGE last birthday - - yrs. If under 1 year Months - - Days - - If under 24 hrs. Hours 2 Min. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) - - -

10b. KIND OF BUSINESS OR INDUSTRY - -

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Edward J. Hayes

14. MOTHER'S MAIDEN NAME Clara Dowd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. - - -

17. INFORMANT AND ADDRESS Father: E.J.Hayes, USNAS, Patuxent River, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity

776 X

Antecedent cause(s)

159

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 hr. 10 m.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 24 weeks gestation. Birth weight 1 lb. 1 oz.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 March, 1950, to 21 March, 1950, that I last saw the deceased alive on 21 March, 1950, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

SIGNATURE James P. Moran M.D. (Degree or title) CDR MC USN

ADDRESS U. S. Naval Air Station Patuxent River, Maryland

DATE SIGNED 22 Mar. 1950

23. BURIAL, CREMATION REMOVAL (Specify) Transportation

DATE

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Holyoke, Massachusetts

DATE REC'D BY LOCAL REG. 3/24/50

REGISTRAR'S SIGNATURE Camalier

24. FUNERAL DIRECTOR P. B. Robinson, Leonardtown, Md.

ADDRESS

2-0-3-21-0-27-3-24-0

RECEIVED
MAR 28 1950
BUREAU V. S.

03247

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH · COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 2 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Robert (Last) Kane
4. DATE OF DEATH (Month) March (Day) 10 (Year) 1950

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Aug 19-1877
9. AGE last birthday 72 yrs. If under 1 year Months 6 Days 11 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm labor
11. BIRTHPLACE (State or foreign country) Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME —
14. MOTHER'S MAIDEN NAME —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Marie Kane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 Immediate cause (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH 2 weeks.

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bladder neck obstruction, uraemia.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 2/23, 1950, to 3/10, 1950, that I last saw the deceased alive on 3/9, 1950, and that death occurred at 5.40 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) [illegible] ADDRESS Leonardtown Park, Md. DATE SIGNED 3/10/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mch 13-1950
NAME OF CEMETERY OR CREMATORY St Johns
LOCATION (City, town, or county) Holly Wood St Mary's (State) Md

DATE REC'D BY LOCAL REG. 3/11/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
MAR 15 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03248

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St. Mary's; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dameron; LENGTH OF STAY (in this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dameron (rural); STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Francis (Middle) De Sales (Last) Mc Kay.

4. DATE OF DEATH: (Month) 3 (Day) 9 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Nov. 24-1893

9. AGE last birthday: 56 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm hand

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Abell Mc Kay

14. MOTHER'S MAIDEN NAME: Susie Raley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Harry E. Wood.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic carcinoma of the lip. — Interval Between Onset and Death: 3 yrs.

140 X Antecedent cause(s)

45a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: None

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dead, 19..., to Dec 9, 1950, that I last saw the deceased alive on ..., 19..., and that death occurred at ...m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John F. Jane MD Leighton Park Md. 3/9/50.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3/11/50 — NAME OF CEMETERY OR CREMATORY: St. Michaels — LOCATION (City, town, or county) (State): Bridge, Md.

DATE REC'D BY LOCAL REG.: 3/10/50 — REGISTRAR'S SIGNATURE: Caroline — 24. FUNERAL DIRECTOR: P.B. Robinson — ADDRESS: Leonardtown Md.

VS. A15

RECEIVED
MAR 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03249

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 254

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL Hollywood
LENGTH OF STAY (in this place): 1 yr. 8 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Piney Point
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Ernest (Middle) Rudolf (Last) SCHATZAN

4. DATE OF DEATH: (Month) Approximately March (Day) 25 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-29-08

9. AGE last birthday: 41 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Aviation Electrician

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Navy

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): 6-4-26 to present

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: U.S. Navy Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
973.1 **Immediate cause**	(a) POISONING, GAS, CARBON MONOXIDE	Unknown
Antecedent cause(s)		
163M Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Automobile outside of Hollywood, St. Marys Co., Maryland (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Not attended, 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at unknown m., from the causes and on the date stated above.

SIGNATURE (Degree or title): H. R. BERK, COMMANDER, MEDICAL CORPS, U.S.N., USNAS, Patuxent River, Md.
ADDRESS: 7 April 1950
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 4-10-50
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 4/8/50
REGISTRAR'S SIGNATURE: Carmichael

24. FUNERAL DIRECTOR: P. B. Robinson
ADDRESS: Leonardtown Md.

60596

RECEIVED
APR 11 1950
BUREAU V. A.

03250

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY ST. MARYS COUNTY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River, Md. LENGTH OF STAY (in this place) 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dispensary, U. S. Naval Air Station, Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Arkansas COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carlisle
STREET ADDRESS (If rural, give location) Box #82

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Everett (Last) SMITH
4. DATE OF DEATH (Month) March (Day) 17 (Year) 1950

5. SEX Male
6. COLOR OR RACE Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 3-20-31
9. AGE last birthday 18 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Airman
10b. KIND OF BUSINESS OR INDUSTRY U.S. Navy
11. BIRTHPLACE (State or foreign country) Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) 7-6-48 to present
16. SOCIAL SECURITY No. (unknown)
17. INFORMANT AND ADDRESS U. S. Navy Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) POISONING ACUTE, METHYL ALCOHOL	24 hours
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

880.8

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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) U. S. Naval Air Station, (CITY OR TOWN) Patuxent River, (COUNTY) St.Marys, (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) 3-15-1950 m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Deceased consumed Methyl Alcohol

22. I hereby certify that I attended the deceased from 16 Mar., 1950, to 17 Mar., 1950, that I last saw the deceased alive on 17 March, 1950, and that death occurred at 1:04 A.m., from the causes and on the date stated above.

SIGNATURE Paul Vaughan (Degree or title) ADDRESS U. S. Naval Air Station DATE SIGNED
PAUL VAUGHAN CAPTAIN MEDICAL CORPS, U.S.NAVY, Patuxent River, Maryland 20 Mar 1950

23. BURIAL, CREMATION, REMOVAL (Specify) Transportation
DATE 3-21-50
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Carlisle, Arkansas.
DATE REC'D BY LOCAL REG. 3/21/50
REGISTRAR'S SIGNATURE Camalies
24. FUNERAL DIRECTOR P. B. Robinson ADDRESS Leonardtown

60896

RECEIVED
MAR 23 1950
BUREAU F. S.

03251

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural, give location) R. F. D # 2

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Arthur (Last) Spears
4. DATE OF DEATH (Month) Mch (Day) 12 (Year) 1950
5. SEX Male
6. COLOR OR RACE Color
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan 22 1901
9. AGE last birthday 49 yrs. If under 1 year Months 1 Days 19 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farm hand Farming
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Spears
14. MOTHER'S MAIDEN NAME Florine Holt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT Florine Spears

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple extreme injuries — INTERVAL BETWEEN ONSET AND DEATH: immediate

812.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

1700 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway (CITY OR TOWN) Leonardtown (COUNTY) St. Marys (STATE) Md
TIME OF INJURY (Month) 3 (Day) 12 (Year) 50 (Hour) 10.30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? auto accident. - Pedestrian

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) [illegible] M.D. ADDRESS Lexington Park Md. DATE SIGNED 3/13/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mch 15-1950
NAME OF CEMETERY OR CREMATORY St Joseph
LOCATION (City, town, or county) Morganza St Marys (State) Md
DATE REC'D BY LOCAL REG. 3/14/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Maryland

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 21 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03252

CERTIFICATE OF DEATH

Reg. Dist. No. 212

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St. Marys — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridge | LENGTH OF STAY (in this place)
   HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridge
   STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Daniel (Middle) Webster (Last) Tarleton

4. DATE OF DEATH: (Month) March (Day) 11 (Year) 1950

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 1884

9. AGE last birthday: 65 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): self employed

10b. KIND OF BUSINESS OR INDUSTRY: Carpenter

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Daniel Tarleton

14. MOTHER'S MAIDEN NAME: Mandy Fenwick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Robinson Barnes, Ridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 6 hours

420.1 Antecedent cause(s)

940 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/11, 1950, to 3/11, 1950, that I last saw the deceased alive on 3/11, 1950, and that death occurred at 10 m., from the causes and on the date stated above.

SIGNATURE E. X. Thompson M. D. (Degree or title) ADDRESS DATE SIGNED 3/13/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 3/14/50 | NAME OF CEMETERY OR CREMATORY St. Peters | LOCATION (City, town, or county) Ridge, Maryland (State)

DATE REC'D BY LOCAL REG. 3/14/50 | REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR P.B.Robinson, ADDRESS Leonardtown, Md.

30879

RECEIVED
AUG 21 1950
BUREAU U. S.

03253

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural California
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN California (rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) OSBORNE (Last) TUCKER
4. DATE OF DEATH (Month) 3 (Day) 16 (Year) 1950
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Feb. 13, 1894
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman
10b. KIND OF BUSINESS OR INDUSTRY Seafood
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME John W. Tucker
14. MOTHER'S MAIDEN NAME Virginia Devaux
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO.
17. INFORMANT Lillian Tucker

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH 1 yr.

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arterio-sclerosis

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Heart block.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) ADDRESS Lexington Park, Md. DATE SIGNED 3/16/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-20-50
NAME OF CEMETERY OR CREMATORY St. Johns Cem.
LOCATION (City, town, or county) Hollywood, (State) Md.

DATE REC'D BY LOCAL REG. 3/18/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR [signature] Robinson, Leonardtown Md.

90041

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 22 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03254

CERTIFICATE OF DEATH

Reg. Dist. No. 2-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown (Rural) | LENGTH OF STAY (in this place) 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS NONE

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smedley Smith Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	ALMA	VAN RYSWICK	MARCH	8	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	WIDOWED	MARCH 11, 1884	65 yrs.	11	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEKEEPER	FOR SELF	MARYLAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
THOMAS J. RALEY	MARY YATES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO —	NONE	THOMAS VAN RYSWICK

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Broncho pneumonia — (T.B).	3/1/50.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Tuberculosis.	?
	(c)	

0022
130

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none:

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb 15, 1950, to March 8, 1950, that I last saw the deceased alive on March 7, 1950, and that death occurred at 9:40 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Alexius C. Welch	M.D.	Chaptico Md	3/8/50.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	March 11-1950	Our Ladies	Chapel Leonardtown R.F.D. St Marys Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/10/50	Canales	Jos C. Mattingley	Leonardtown Md

VS. A15

RECEIVED
MAR 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03255

CERTIFICATE OF DEATH

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Leonardtown — LENGTH OF STAY (in this place) 33
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural give location) R.F.D. #1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Francis	Theodore	Woodburn	March	20	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	March 15 1882	68 yrs.	—	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Merchant	Retired	Maryland St Marys	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Woodburn	Cornelia Mattingly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	no		Mrs F. T. Woodburn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uraemia	4 days
592X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1312	(b) Chronic Nephritis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ..... 1946, to Mar 20, 1950, that I last saw the deceased alive on Mar 20, 1950, and that death occurred at 6.30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul A. Cornelius	M.D.	Leonardtown, Md	3/21/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	March 23-1950	Sacred Heart	Bushwood St Marys	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/21/50	Cornelius	Jos C. Mattingly	Leonardtown Maryland

1569

VS. A15

RECEIVED
MAR 24 1950
BUREAU V. S.

03256

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St Marys

City or town Budds Creek (rural)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 89 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County St Marys

City or town Budds Creek
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME CAROLINE BRISCOE WOODLAND

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	W

6.(b) Name of husband or wife Morris Woodland deceased

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov 4 1860

8. AGE:

Years	Months	Days	If less than one day
89	4		..... hrs. ..... min.

9. Birthplace St Marys County, Md
(Town, county, and state)

10. Usual occupation House keeper

11. Industry or business

FATHER
12. Name Calvert Briscoe
13. Birthplace

MOTHER
14. Maiden name Lucretia Brown
15. Birthplace

16. Informant Joseph Townley Woodland
Address Mechanicsville Md

17. Burial Date thereof Mch 20 1950
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St Joseph

Location Morganza Md

18. Funeral director Jos C Mattingley
Address Leonardtown Md

19. 3/18 1950 Camellia
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 17 Mar 1950, at 1 15/17 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 17 Mar 1950, to 17 Mar 1950 and that I last saw her alive on 17 Mar 1950

Immediate cause of death Cerebral Vascular accident — DURATION 12 hrs

Due to

Due to

Other conditions 331x 83a
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ray Guyther, Md
M. D. or other

Address Mechanicsville Date signed 3/17/50

52086

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
1950
BUREAU V. S.